(c) if so, whether Government have taken any step to strengthen various laws for deterrent punishment to the manufacturers and sellers of fake drugs in the country; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) to (d) Under the provisions of Drugs and Cosmetics Act and Rules thereunder, the responsibility for regulating manufacture and sale of drugs including monitoring their quality is vested with the State Governments. Manufacture and sale of spurious drugs is a clandestine activity indulged in by unlicensed and anti-social persons. Such activities by unscrupulous persons are carried out at isolated places irrespective of State jurisdiction. This being an undercover activity, it is not feasible to assess the quantum of inflow of spurious/fake medicines of such drugs. As per the feedback given by the Drugs Control Administration, NCT of Delhi, Delhi is having one of the biggest whole sale markets of drugs in the country and as such Delhi could be a transit point of transaction of drugs including drugs of questionable quality.

Under the provisions of Drugs and Cosmetics Act, 1940, Section 17-B of the said Act defines spurious drugs as a medicine manufactured under a name which belongs to another or if it is an imitation or substitute, wholly or partly of another drugs or if the label of container bears the name of fictitious or non existent firm Section 27 of the said Act prescribes penal provisions for manufacture and sale of spurious drugs. Sale of spurious drugs, if detected is punishable with imprisonment for a term which shall not be less than five years but which may extend to a term of life and with fine which shall not be less than Rs. 10,000/-. Hence there are adequate provisions in the Drugs and Cosmetics Act to tackle the problem of spurious drugs.

Handling of cases during major disasters by hospitals

2679. SHRI SATISH PRADHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Government hospitals in the country are incapable of handling cases during major disasters and due to non-availability of beds in the disaster management wards, the patients are invariably referred to other hospitals;

(b) if so, Government's response thereto; and

(c) the details of measures taken or proposed to be taken by Government for improving the situation during major disasters by establishing co-ordination between Government hospitals?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) to (c) The Central Government hospitals in the country and hospitals under Government of NCT of Delhi have their contingency plan to deal with mass casualty situation arising out of disasters. Besides the earmarked beds, the contingency plan has a well defined sequential plan to accommodate more patients, if required. Directorate General of Health Services, Ministry of Health and Family Welfare coordinates between Govt. hospitals for appropriate medical care in such situations.

Joint Monitoring of HIV virus in A.P.

2680. SHRI GHULAM NABI AZAD: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Atlanta-based Centre for disease Control and the Andhra Pradesh State AIDS Control Society have agreed to jointly monitor efforts to combat the spread of the dreaded HIV virus in Andhra Pradesh;

(b) if so, whether Government officials will be trained during the three years project to commence in October, 2002;

(c) whether State Government is hopeful that efforts had helped bring down the incidence from 2.43 per cent in 1999 to 2.02 per cent this year; and

(d) if so, the assistance Government have provided to Andhra Pradesh to combat AIDS?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) National Alliance for State and Territorial AIDS Directors (NASTAD), funded by Centre for disease Control and Prevention (CDC) proposed collaboration with AP State AIDS Control Society with a broad theme of integration and linkages among programme areas. Examples include working with AP State AIDS Control Society on the following areas: